

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00004036 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee SEIU General Fund		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 04 / 2016</div> </div>	
Mailing Address 1800 Massachusetts Ave NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.21</div>	
City Washington State DC Zip Code 20036	Transaction ID : D364546 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 04 / 2016</div> </div>		
Purpose of Expenditure Estimated Cost: Stickers	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee SEIU General Fund		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 05 / 2016</div> </div>	
Mailing Address 1800 Massachusetts Ave NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.99</div>	
City Washington State DC Zip Code 20036	Transaction ID : D364537 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 05 / 2016</div> </div>		
Purpose of Expenditure Estimated Cost: Stickers	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">18.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael P. Fishman

[Electronically Filed]

Date

MM / DD / YYYY
04 / 08 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)		FEC IDENTIFICATION NUMBER ▼ C C00004036
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SEIU General Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 08 / 2016
Mailing Address 1800 Massachusetts Ave NW		Amount 291.40
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Estimated Cost: Rally Signs	Category/ Type 006	Transaction ID : D364542 Date of Disbursement or Obligation MM / DD / YYYY 04 / 08 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 87606.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SEIU General Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 08 / 2016
Mailing Address 1800 Massachusetts Ave NW		Amount 9.18
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Estimated Cost: Buttons	Category/ Type 006	Transaction ID : D364543 Date of Disbursement or Obligation MM / DD / YYYY 04 / 08 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 87606.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	300.58
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Image Pointe			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 06 / 2016		
Mailing Address 1224 La Porte Road			Amount 398.15		
City Waterloo	State IA	Zip Code 50702	Transaction ID : D364538		
Purpose of Expenditure Estimated Cost: T-shirts		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 04 / 06 / 2016		
Name of Federal Candidate HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 87606.42			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Image Pointe			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 07 / 2016		
Mailing Address 1224 La Porte Road			Amount 4871.32		
City Waterloo	State IA	Zip Code 50702	Transaction ID : D364539		
Purpose of Expenditure Estimated Cost: Skullies		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 04 / 07 / 2016		
Name of Federal Candidate HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 87606.42			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5269.47
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Image Pointe		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 07 / 2016
Mailing Address 1224 La Porte Road		Amount 2119.71
City Waterloo	State IA	Zip Code 50702
Purpose of Expenditure Estimated Cost: T-shirts	Category/ Type 006	Transaction ID : D364540 Date of Disbursement or Obligation MM / DD / YYYY 04 / 07 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought 4223.21		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Image Pointe		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 08 / 2016
Mailing Address 1224 La Porte Road		Amount 76016.70
City Waterloo	State IA	Zip Code 50702
Purpose of Expenditure Estimated Cost: T-shirts	Category/ Type 006	Transaction ID : D364541 Date of Disbursement or Obligation MM / DD / YYYY 04 / 08 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 87606.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	78136.41
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee NG Slater Corp		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 08 / 2016
Mailing Address 42 W 38th St Ste 1002		Amount 604.99
City New York	State NY	Zip Code 10018
Purpose of Expenditure Estimated Cost: Buttons	Category/ Type 006	Transaction ID : D364544 Date of Disbursement or Obligation MM / DD / YYYY 04 / 08 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought		2016 <input type="checkbox"/> Other (specify) ▶
87606.42		

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate State: _____
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought		2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	604.99
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	84329.65

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